

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael H Lambke MD

Mailing Address 46 Fairview Ave

City

Skowhegan

State

ME

Zip Code

04976-1471

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 04 / 2015

Transaction ID : C3185346

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Aaron Aaron Lanik

Mailing Address 120 N 16th St

City

Geneva

State

NE

Zip Code

68361-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fillmore County Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 07 / 2015

Transaction ID : C3189445

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Robyn A Liu MD

Mailing Address 1604 SE Stark St

City

Portland

State

OR

Zip Code

97214-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2015

Transaction ID : C3203892

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

780.00